



**Department of Finance & Administration**  
**Office of Accounting**

*REVENUE RECEIPTS DEPOSIT (FOR SERVICE BUREAU AGENCIES ONLY)*

Date: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Page: \_\_\_\_\_ of \_\_\_\_\_

Treasury Deposit? ☐

**Receipts (Receipts Tab)**

Revenue GL Account	Amount	Receipt Recipient	Ref (Check #)	Cost Ctr	Internal Order	WBS Element
<b>TOTAL</b>						

**Cash Journal Clearing (Payments Tab)**

Cash GL Account	Amount	Business Area	Fund
<b>TOTAL</b>			

**Agency Contact Information:**

Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

Email: \_\_\_\_\_  
Fax: \_\_\_\_\_

**DFA Use Only:** Cash Journal No. : \_\_\_\_\_ Date: \_\_\_\_\_

TC – FBCJ Revised November 2005

**Please Remit Form to:**

Office of Accounting Service Bureau, P.O. Box 3278, 1509 West 7<sup>th</sup>, Suite 100, Little Rock, AR 72203

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